05/30/2008 10:20

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Ot	her Than An Auth	orized Comn	mittee		Office Use Only	
NAME OF COMMITTEE (in full)		C MAILING LABEL PE OR PRINT *	Example:If ty over the lines				
American Academy		ssociation Political Actic					
					1 1 1 1 1		
ADDRESS (number and s	treet) 1350 Ste 8	I St NW 					
Check if differe than previously reported. (ACC	ı Was	hington			DC L	20005	-
2. FEC IDENTIFICAT	ON NUMBER	▼ CIT	Y 🙇		STATE	ZIPCOI	DE 🛕
C00359539			THIS EPORT	NEW (N) OR	X AM	ENDED	
July 15 Quarterly October 1 Quarterly	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year on-election) (MY)	Due On:	n on General	ion (12C)	Sep 2	2G) in the State o	Special (30S)
5. Covering Period	10	2007	throu	gh 1 0	3 1	2007	
I certify that I have exami Type or Print Name of Tr		d to the best of my kno ven Debnar	wledge and belief	it is true, correct	and complete.		
Signature of Treasurer	Electronically Fil	-			Date 0.5	30	2008
NOTE : Submission of fa	alse, erroneous, or	incomplete information	may subject the	person signing th	is Report to the	penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Dermatology Association Political Action Committee D D " D 1.0 0 1 2007 1.0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 178898.71 January 1 (b) Cash on Hand at 203622.43 Begining of Reporting Period 55905.00 291056.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 259527.43 469954.71 6(a) and 6(c) for Column B) 29446.70 239873.98 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 230080.73 230080.73 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

0 1 3^D1 м м 1 0 м м 1 0 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 242946.00 46955.00 (i) Itemized (use Schedule A) 8950.00 48110.00 (ii) Unitemized (iii) TOTAL (add 55905.00 291056.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 55905.00 291056.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 55905.00 291056.00

55905.00

291056.00

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal	Į.	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	446.70	4873.98
	Expenditures(c) Total Operating Expenditures	440.70	4070.00
	(add 21(a)(i), (a)(ii) and (b))	446.70	4873.98
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	29000.00	233000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	2000.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ddidi dildid	2.22	200
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29446.70	239873.98
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20440.70	000070 00
	from Line 31)	29446.70	239873.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures		
33.	Total Contributions (other than loans) from Line 11(d), page 3)	55905.00	291056.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	55905.00	289056.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	446.70	4873.98
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	446.70	4873.98

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Grant J. Anhalt	y reconductive control of the contro	Date of Receipt
Mailing Address 909 Dunellen Dr City Towson	State Zip Code MD 21286-1508	Transaction ID: a822143ec468f1bc31a Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Maryam M. Asgari Mailing Address 852 Los Robles Av	ve	Date of Receipt 1 0 0 4 2 0 0 7
City	State Zip Code	Transaction ID: 0925ba84469392676b
Palo Alto FEC ID number of contributing federal political committee.	CA 94306-3124	Amount of Each Receipt this Period 250.00
Name of Employer Kaiser	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Clay S. Baker Mailing Address 1037 N 3rd St		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7 Transaction ID: 57407a96e273b2d7fdl
Springfield FEC ID number of contributing federal political committee.	IL 62702-3848	Amount of Each Receipt this Period 250.00
Name of Employer Inter Mountain Dermatology	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	al)	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 44 (check only one) X
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology As	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ \ .	Full Name (Last, First, Middle Initial) Monica K. Bedi Mailing Address 706 Riviera Dunes Wa	у		Date of Receipt
	City Palmetto FEC ID number of contributing federal political committee.	State FL	Zip Code 34221-7122	Transaction ID: 79415190ad326353ec Amount of Each Receipt this Period 750.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupatio Dermato		
_	Full Name (Last, First, Middle Initial) Kathleen L. Behr Mailing Address 1558 E Shadow Creek	Dr		Date of Receipt 1 0 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 9260b0977548330263
	Fresno FEC ID number of contributing federal political committee.	CA	93720-3536	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed Receipt For: Primary General	Occupation Physicial Aggregate	n e Year-to-Date ▼	
_	Other (specify) Full Name (Last, First, Middle Initial) Vincent P. Beltrani	0 0	1000.00	Date of Receipt
	Mailing Address 29 Fox St			1 0 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 69e73d5c7be9bfaf065
	Poughkeepsie FEC ID number of contributing federal political committee.	C	12601-4714	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Dermato		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Dermatology	the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay H. Brachfeld Mailing Address 3221 NW 23rd Ter			Date of Receipt
City Boca Raton FEC ID number of contributing	State FL	Zip Code 33431-6233	Transaction ID: 3cf3378edc7cb6e441a Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼	Occupation Dermatolo]
Full Name (Last, First, Middle Initial) Ronald R. Brancaccio Mailing Address 67 Perry St			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing federal political committee.	State NY	Zip Code 10014-3245	Transaction ID: 7a10eb6583c7590fe93 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Dermatolo Aggregate]
Full Name (Last, First, Middle Initial) Mitchell L. Bressack Mailing Address 33 Graymoor Ln			Date of Receipt
City Olympia Fields FEC ID number of contributing federal political committee.	State IL C	Zip Code 60461-1209	Transaction ID: 711bbed0d40ec938b8 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Physician Aggregate		
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Dermatolog	y Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Renie E. Bressinck			Date of Receipt
Mailing Address Ste 690 9601 Lile Dr			10 19 2007
City Little Rock	State AR	Zip Code 72205-6328	Transaction ID: 49a798cbb1f126b708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medical Towers Building	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Bruce A. Brod	I		Date of Receipt
Mailing Address 831 Robert Dean D)r		10 24 YYYYY
City Downingtown	State PA	Zip Code 19335-4464	Transaction ID: 870d8737c4c5adcce Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Norman A. Brooks			Date of Receipt
Mailing Address 16420 Marbro Dr			10 30 7 2007
City Encino	State CA	Zip Code 91436-3619	Transaction ID: 2fcb66ceb403498db. Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	name and address of any p	political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Louis V. Colavecchio Mailing Address 41 Coddington Way			Date of Receipt
	City	State Zip Cod	le	1 0 0 4 2 0 0 7 Transaction ID: 9bfe386a2e7f7d8da26
	Wakefield FEC ID number of contributing federal political committee.	RI 02879-	6341	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For:	Occupation Dermatologist	_	
	Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
3.	Full Name (Last, First, Middle Initial) William G. Dunagin Mailing Address 144 Winterberry Dr			Date of Receipt
	City Franklin	State Zip Cod PA 16323-		Transaction ID: b85c32246db75e69ac1
	FEC ID number of contributing federal political committee.	PA 16323-	4432	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
_	Full Name (Last, First, Middle Initial) W. C. Duncan			Date of Receipt
	Mailing Address 1438 Mockingbird Ln			10 24 2007
	City Lakeland	State Zip Cod FL 33801-		Transaction ID: 5271f195ba0e6290ef1 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Watson Clinic South	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	······	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	Statements may not be sold or used by any perse name and address of any political committee the association Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael J. Ebertz Mailing Address 1220 Tonkawa Rd City Orono FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code MN 55356-9242 C Occupation Dermatologist	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Kathy A. Fields Mailing Address 1902 Green St City San Francisco	State Zip Code CA 94123-4811	Date of Receipt 10 10 2007 Transaction ID: 1e924ad808070b58c36 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Physician	365.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Daniel T. Finn Mailing Address 6 Thorny Lea Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sharon FEC ID number of contributing federal political committee.	State Zip Code MA 02067-2766	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Dermatologist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ry of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	name and address of any politica	d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew K. Flynn Mailing Address 7709 Sandy Bottom V City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NC 27613-8829 C Occupation Dermatologist	Date of Receipt 10 24 2007 Transaction ID: 4c43e6585a17c4796f1 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Steven J. Forche Mailing Address Ste 330 32905 W 12 Mile Rd City Farmington Hills FEC ID number of contributing federal political committee. Name of Employer Quakertown Medical Arts Building Receipt For: Primary General Other (specify)	State Zip Code MI 48334-3345 C Occupation Dermatologist Aggregate Year-to-Date	Date of Receipt M M D D T Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Barbara J. Fox Mailing Address Ste 101 1703 S Meridian City Puyallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98371-7590 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 5 2 2 0 0 7 Transaction ID: e660f0a14df922bcc80 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Dermatology	Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Hayden Franks			Date of Receipt
Mailing Address 2100 Country Club L	n		10 10 2007
City	State	Zip Code	Transaction ID: ffee310e58f57fc74f9
Little Rock	AR	72207-2040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Michael Fretzin	I		Date of Receipt
Mailing Address 505 Kingston Terrand	ce		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: f0d068ee35c6bc509
<u>Deerfield</u>	IL	60015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Dermatol		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Maxwell A. Fung	1		Date of Receipt
Mailing Address 3220 E Pintail Way			10 29 7 2007
City	State	Zip Code	Transaction ID: 1cf0fc46c314da0950
Elk Grove	CA	95757-8208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of California, Davis Med Cntr	Occupation Physician		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and addre	ss of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stanley C. Gilbert Mailing Address Ste 200 3614 Meridian St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Bellingham FEC ID number of contributing federal political committee.	State WA	Zip Code 98225-1748	Transaction ID: 72cd6bdfa8c565e4b0 Amount of Each Receipt this Period 250.00
Name of Employer Dermatology & Laser Center NW Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Yo	ear-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Robert F. Godwin Mailing Address 25317 Valley Dr	1		Date of Receipt 1 0 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Bettendorf FEC ID number of contributing	State IA	Zip Code 52722-7317	Transaction ID: 53f6c44db475b42352 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify)	Occupation Physician	ear-to-Date ▼	1
Full Name (Last, First, Middle Initial) Lisa Goldberg Mailing Address 1215 Parkview Blvd			Date of Receipt
City Pittsburgh FEC ID number of contributing federal political committee.	State PA	Zip Code 15217-2586	Transaction ID: f72d8b0c1448ede9ac Amount of Each Receipt this Period 500.00
Name of Employer Allegheny Dermatology Receipt For:	Occupation Physician Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
SUBTOTAL of Receipts This Page (optional)		······	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology As	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Herbert S. Golomb Mailing Address 1910 Woodgate Ln City Mc Lean FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VA C Occupatio Dermato Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Gene E. Graff Mailing Address 16424 NE 44th Way City Redmond FEC ID number of contributing federal political committee. Name of Employer Woodinville Dermatology Clinic Receipt For: Primary General Other (specify)	State WA C Occupatio Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: fe60ec30fc86437e2d3 Amount of Each Receipt this Period 365.00
_ С.	Full Name (Last, First, Middle Initial) Karyn L. Grossman Mailing Address 611 22nd St City Santa Monica FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupatio Physicial Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Dermatology	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Victoria Gunn Mailing Address	Victoria Gunn				
FEC ID number of contributing	State	Zip Code	Transaction ID: d0b7f440ef335eccc4a Amount of Each Receipt this Period 250.00		
Receipt For: Primary Other (specify) ▼	Occupatio Dermato		1		
Full Name (Last, First, Middle Initial) Shelley J. Halper Mailing Address Ste 430 5201 Willow Springs	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y				
La Grange Highland FEC ID number of contributing federal political committee.	C	60525-6538	Amount of Each Receipt this Period 250.00		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupatio Dermato Aggregate]		
Full Name (Last, First, Middle Initial) John M. Haraldsen Mailing Address Ste 103 5577 N Oracle Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Tucson FEC ID number of contributing federal political committee.	State AZ	Zip Code 85704-3879	Transaction ID: e5c2409ccae60c7208 Amount of Each Receipt this Period 400.00		
Name of Employer Self Employed Receipt For:	Occupatio Dermato				
Primary General Other (specify) ▼	Aggregate	400.00			
SUBTOTAL of Receipts This Page (optional))		900.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 44 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Roland Hart Mailing Address 6248 Chesapeake Cir			Date of Receipt
	City Stockton	State CA	Zip Code 95219-3813	Transaction ID: 64dacbe971d8e6ca2b0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	on	1000.00
	Receipt For: Primary General Other (specify)	Physicia Aggregate	e Year-to-Date ▼ 1000.00	
Б.	Full Name (Last, First, Middle Initial) Richard R. Henderson Mailing Address 2556 N Nc Highway 1	Date of Receipt 1 0 3 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: 1d4f50963604425ddd9
	Mebane FEC ID number of contributing federal political committee.	NC C	27302-9371	Amount of Each Receipt this Period 250.00
	Name of Employer Burlington Dermatology Ce- nter Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dermator Aggregate		
- С.	Full Name (Last, First, Middle Initial) Sidney Herszenson Mailing Address 230 W Nokomis Ct	ı		Date of Receipt 1 0 3 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 5a86d53c382cdeaa398
	Fox Point FEC ID number of contributing federal political committee.	C	53217-2609	Amount of Each Receipt this Period 365.00
	Name of Employer Dermatology Services	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, · · · · ·	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1615.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Applies reported and 6	Statemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 44 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and ad	ldress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Steven E. Hodgkin Mailing Address Ste K 15366 11th St City Victorville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State CA C Occupation Physicia		Date of Receipt 10 29 2007 Transaction ID: 1bb2a579f07fc008f5c Amount of Each Receipt this Period 250.00
_	Primary General Other (specify) ▼	Aggregate	250.00	
В.	Full Name (Last, First, Middle Initial) Sharon L. Horton Mailing Address 1721 Fox Trail Dr	01-1-	7.0.4	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Batavia</u> FEC ID number of contributing federal political committee.	State IL C	Zip Code 60510-8635	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Dermator Aggregate		
C.	Full Name (Last, First, Middle Initial) Steven L. Hubert Mailing Address 56 Stonecliff Rd	1		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Princeton FEC ID number of contributing federal political committee.	State NJ	Zip Code 08540-2329	Transaction ID: 48a5b0793a8230a7981 Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Dermato		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 44 (check only one) X 11a
NAME OF COMMITTEE			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mi	ddle Initial) Patterson Ave State VA outing	Zip Code 23226-2003	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:	Physicia Aggrega: eneral	an te Year-to-Date ▼ 250.00	
Full Name (Last, First, Mi William D. James Mailing Address 766 A	ddle Initial) pplegate Ln		Date of Receipt 1 0 1 8 2 0 0 7
City	State	Zip Code	Transaction ID: 7f5fe80991a2812fd06
Bryn Mawr	PA	19010-1117	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			365.00
Name of Employer U of Pennsylvania Health Systems	Occupati Physicia		
Receipt For: Primary Other (specify) ▼	eneral Aggrega	te Year-to-Date ▼ 365.00	
Full Name (Last, First, MicClark E. Julius	ddle Initial)		Date of Receipt
Mailing Address 12328	3 Oakland Hills Pt		10 10 YYYY 2007
City	State	Zip Code	Transaction ID: fd7dbf1259315a11b1
Knoxville FEC ID number of contrib federal political committee		37934-3737	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupati Dermate		
Receipt For: Primary Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts Th	is Page (optional)		865.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 44 (check only one)
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Academy of Dermatology As:	sociation P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Brian J. Katz			Date of Receipt
	Mailing Address Apt 2608 650 West Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Miami Beach	State FL	Zip Code 33139-6370	Transaction ID: de446fc32f4208e8943 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		250.00
į	Name of Employer Self Employed	Occupation Dermato		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Kenneth H. Katz			Date of Receipt
Ī	Mailing Address 9801 Lake Shore Rd	M M / D D / Y Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1		
	City Newton	State WI	Zip Code 53063-9508	Transaction ID: 91b960501951c78b2e Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
Ī	Name of Employer Dermatology Associates of Wisconsin	Occupation Dermato		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	
	Full Name (Last, First, Middle Initial) Lloyd E. King			Date of Receipt
-	Mailing Address 211 Kensington Park			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Nashville	State TN	Zip Code 37215-2446	Transaction ID: e91b211a6bf7da367fb Amount of Each Receipt this Period
Ī	FEC ID number of contributing ederal political committee.	C		250.00
į	Name of Employer Self Employed	Occupation Physician		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
su	BTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dennis D. Knutson Mailing Address Unit 2 3214 W Zephyr Pl City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer	State Zip Code SD 57108-5010 C	Date of Receipt M M M
Avera Dermatology and Laser Center Receipt For: Primary Other (specify)	Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Esta Kronberg Mailing Address 9116 Chatsworth Di		Date of Receipt M M D D Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 54f01c6960f08ada8ba
<u>Houston</u>	TX 77024-3714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Darlene J. Kwee		Date of Receipt
Darlene J. Kwee Mailing Address 16 Saddlewood Ct		1 0 3 1 2 0 0 7
City	State Zip Code	Transaction ID: dfc3a582bd84490f63k
Belle Mead FEC ID number of contributing federal political committee.	NJ 08502-5740	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 44 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to gy Association Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elizabeth V. Lener Mailing Address 2281 Santa Ana A	N/O	Date of Receipt
City <u>Costa Mesa</u> FEC ID number of contributing	State Zip Code CA 92627-1834	Transaction ID: df0814de3dcf6967481 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼	Occupation Dermatologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Aimee L. Leonard Mailing Address 24 Fox Hill Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Enfield FEC ID number of contributing	State Zip Code CT 06082-3815	Transaction ID: ca0f76e0a11c8f0b0dc Amount of Each Receipt this Period
Name of Employer New England Dermatology and Laser Cent Receipt For: Primary General Other (specify) ▼	Occupation Dermatologist Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Barry Leshin Mailing Address 5021 Hidden Lake	Trl	Date of Receipt
City Lewisville FEC ID number of contributing federal political committee.	State Zip Code NC 27023-8113	1 0 3 0 2 0 0 7 Transaction ID: f0293089bc09bf93d50 Amount of Each Receipt this Period 250.00
Name of Employer The Skin Surgery Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 44 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Dermatology	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Nancy S. Ling Mailing Address Ste 5&6 305 Bryan Rd City Brandon FEC ID number of contributing federal political committee. Name of Employer Self Employed	State FL C Occupatio Physicial	n	Date of Receipt 10 30 2007 Transaction ID: 2894e63e9c6903d1c8 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 500.00	
Mailing Address 71 Park Ave City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupatio Dermato Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: dd8ac749e7d893d8f24 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Frederick A. Lupton Mailing Address 5305 Sequoia Ct City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NC C Occupatio Physicial Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 67b0648f39d2780e1b0 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	Statements may not be sold or used by any pe the name and address of any political committee Association Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John C. Maize Mailing Address 947 Cassegent Provin City Mt Pleasant FEC ID number of contributing federal political committee. Name of Employer	State Zip Code SC 29464 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Maria I. Martinez Mailing Address PO Box 11561 City San Juan	State Zip Code PR 00922-1561	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Clinica Las Americas	Occupation	Amount of Each Receipt this Period 750.00
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Marlene J. Mash Mailing Address 1825 Clinton Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Norristown FEC ID number of contributing	State Zip Code PA 19403-2705	Transaction ID: baa1a5f8c176119a154 Amount of Each Receipt this Period 250.00
Name of Employer Norristown Dermatology	Occupation Dermatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one) X
		tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IE OF COMMITTEE (In Full) erican Academy of Dermatology As	ssociation P	olitical Action Committee	
	Name (Last, First, Middle Initial) beth I. McBurney			Date of Receipt
	ng Address 205 Leeds St	2	7:01	10 30 2007
City <u>Slid</u>	ell	State LA	Zip Code 70461-5061	Transaction ID: 6e7bf8c3375a84e879b Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C	70101001	250.00
Nam Self	e of Employer Employed	Occupation Physician		
Rece	eipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
B. Andr	Name (Last, First, Middle Initial) ew B. Menkes ng Address 453 Roblar Ave			Date of Receipt
	ng Address 453 Hobiai Ave	10 10 2007		
City		State	Zip Code	Transaction ID: c40645be07f130cc8b9
	sborough ID number of contributing	CA	94010-6849	Amount of Each Receipt this Period
	ral political committee.	C		750.00
Nam Self	e of Employer Employed	Occupation Physician		
Rece	eipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		750.00	
	Name (Last, First, Middle Initial) H. Meyer			Date of Receipt
Maili	ng Address Ste 509 5651 Frist Blvd			10 31 2007
City		State	Zip Code	Transaction ID: f856e8895981930bdf7
FEC	mitage ID number of contributing ral political committee.	C	37076-2059	Amount of Each Receipt this Period 300.00
Nam Self	e of Employer Employed	Occupation Physician		
Rece	eipt For:	,	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00]
SURTO	DTAL of Receipts This Page (optional)	<u> </u>		1300.00
	This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3 <i>X)</i>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 44 (check only one)			
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Academy of Dermatole	-	• • • • • • • • • • • • • • • • • • • •				
Full Name (Last, First, Middle Initial) Kimberly M. Mills			Date of Receipt			
City Rayville	State LA	Zip Code 71269-6014	1 0 1 6 2 0 0 7 Transaction ID: 406b58287640ba0714 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		365.00			
Name of Employer Self Employed	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial) John K. Nylund			Date of Receipt			
Mailing Address 235 30th St	10 29 2007					
City Hermosa Beach	State CA	Zip Code 90254-2308	Transaction ID: 8f721042fac9dd47e32			
FEC ID number of contributing federal political committee.	C	30234-2300	Amount of Each Receipt this Period 500.00			
Name of Employer Self Employed	Occupation Dermato					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Amy S. Paller			Date of Receipt			
Amy S. Paller Mailing Address 123 Broadway A	ve		10 18 2007			
City	State	Zip Code	Transaction ID: 55b1f152e043c4c678			
Wilmette FEC ID number of contributing federal political committee.	C	60091-3462	Amount of Each Receipt this Period 250.00			
Name of Employer Self Employed	Occupation Physician					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	onal)		1115.00			

В.

C.

SCHEDULE A (FEC Form 3X)	Use separate schedule	FOR LINE NUMBER: PAGE 27 / 44
ITEMIZED RECEIPTS	for each category of the	(criccit drilly drie)
TI EMIZED RESENTES	Detailed Summary Pag	
Any information against from auch Departs and Cta	amonto mou not be cold or used by an	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	ame and address of any political comm	ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Dermatology Ass	ociation Political Action Committ	ee
/		
Full Name (Last, First, Middle Initial)		Data of Danalat
George P. Pavlidakey Mailing Address 609 Indian Rocks Rd		Date of Receipt
Mailing Address 609 Indian Rocks Rd		10 30 2007
City	State Zip Code	Transaction ID: 8d897277433259eb11a
Belleair	FL 33756-2056	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Name of Employer Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		22
Other (specify)	250.0	00
Full Name (Last, First, Middle Initial) Danita Peoples-Peterson		Date of Receipt
Mailing Address 2070 Shore Hill Ct		M M / D D / Y Y Y Y
Maining Address 2070 Shore Filli Gt		10 23 2007
City	State Zip Code	Transaction ID: 10d01d7a2f07368faa6
West Bloomfield	MI 48323-1958	Amount of Each Receipt this Period
FEC ID number of contributing		250.00
federal political committee.	C	250.00
Name of Employer	Occupation	
Name of Employer Mid Michigan Dermatology	Dermatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.0	20
Other (specify) ▼	250.0	
E. II. N. Lance (Lance Elect Mindella Latter)		
Full Name (Last, First, Middle Initial) Laurie J. Polis		Date of Receipt
Mailing Address 62 Crosby St		M M / D D / Y Y Y Y
		10 25 2007
City	State Zip Code	Transaction ID: 0919371b4d64479a117
New York	NY 10012-4410	Amount of Each Receipt this Period
FEC ID number of contributing	C	1000.00
federal political committee.		
Name of Employer	Occupation	
Self Employed	Dermatologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.0	00
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		1500.00
COSTOTAL OF RECEIPTS THIS Fage (optional)		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Dermatolo	gy Association Political Action Committee	
Full Name (Last, First, Middle Initial) Stephen M. Purcell		Date of Receipt
Mailing Address Ste 100 1259 S Cedar Cre	est Blvd	10 08 2007
City	State Zip Code	Transaction ID: F4BB2DEB-C32B-44E5
Allentown FEC ID number of contributing federal political committee.	PA 18103-6206	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) William M. Ramsdell		Date of Receipt
Mailing Address Ste 100 102 Westlake Dr		10 31 2007
City	State Zip Code	Transaction ID: bfda45a1193b3aa12a8
Austin FEC ID number of contributing federal political committee.	TX 78746-5373	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Helen A. Raynham		Date of Receipt
Mailing Address 16 Norwood St		10 24 2007
City	State Zip Code	Transaction ID: 5ec92402835fc4eead0
Winchester	MA 01890-2625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northeast Skin Surgery Ce- nter LLC	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 44 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Dermatology A	ssociation P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Sandra I. Read			Date of Receipt
	Mailing Address 6915 Radnor Rd			10 30 7 2007
	City Bethesda	State MD	Zip Code 20817-6328	Transaction ID: ae7900a203e9a48e1b6 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20017 0020	1000.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Paul D. Reicherter			Date of Receipt
	Mailing Address 3274 Fisher Rd			10 25 2007
	City	State	Zip Code	Transaction ID: 6b2fbec5747b12f3ff3
	Roseburg	OR	97470-9219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Advanced Skin Center	Occupation Physicia		
	Receipt For:	, ' ' 	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	500.00	
с. С.	Full Name (Last, First, Middle Initial) Phoebe Rich			Date of Receipt
	Mailing Address Ste 200 2565 NW Lovejoy St			10 29 2007
	City	State	Zip Code	Transaction ID: C6FD8E79-DE9D-4287
	Portland FEC ID number of contributing federal political committee.	OR	97210-2996	Amount of Each Receipt this Period 5000.00
	Name of Employer Oregon Dermatology & Rese- arch Center	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)			6500.00
İ	TOTAL This Period (last page this line number	onlv)		

Millersville MD 21108-1448 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ City State Zip Code Transaction ID: e7c3d395d3d84e422 Pleasanton CA 94588-9778 FEC ID number of contributing federal political committee. Name of Employer Self Employed Cocupation Physician City State Zip Code Transaction ID: e7c3d395d3d84e422 Pleasanton CA 94588-9778 FEC ID number of contributing federal political committee. Name of Employer Eastbay Dermatology Med Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Justin T. Roscoe Mailing Address 8388 Piping Rock Ct City Pleasanton FEC D number of contributing lederal political committee. B. Robert J. Rob Malling Address 16 Foothill Pl City Pleasanton FEC D number of contributing lederal political committee. C. State Zip Code MD 21108-1448 Amount of Each Receipt this Period Physician Receipt For: Primary General Other (specity) ▼ State Zip Code Physician Robert J. Rob Malling Address 16 Foothill Pl City Pleasanton FEC ID number of contributing lederal political committee. Name of Employer Eastbay Demirabilicy Med Group Receipt For: Primary General Other (specity) ▼ Date of Receipt Transaction ID: 2 of Y Y Y 0 0 7 Transaction ID: 2 of None of Physician Amount of Each Receipt this Period Transaction ID: 2 of Y Y Y 0 0 7 Transaction ID: 2 of None of Physician Amount of Each Receipt Transaction ID: 2 of None of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Transaction ID: 2 of Receipt Transaction ID: 2 of Receipt Amount of Each Receipt Transaction ID: 2 of Receipt Transaction ID: 2		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Millersville FEC ID number of contributing federal political committee. Name of Employer Primary General Occupation Physician Castler Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb212cca7b330b2 Amount of Each Receipt this Period Transaction ID: aceb212cca7b330b2 Amount of Each Receipt Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb212cca7b330b2 Amount of Each Receipt Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb212cca7b330b2 Amount of Each Receipt This Period Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb212cca7b30b2 Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb212cca7b30b2 Transaction ID: aceb212cca7b30b2 Amount of Each Receipt This Period Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb Primary General Occupation Physician Transaction ID: aceb Primary General Occupation Physician Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: aceb Primary General Occupation Physician Aggregate Year-to-Da	∠ A .	Justin T. Roscoe			M M / D D / Y Y Y Y
Name of Employer Name of Employer Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Physician Aggregate Year-to-Date Transaction ID: 973395d384e422 Amount of Each Receipt this Period Physician Date of Receipt Transaction ID: 973395d384e422 Amount of Each Receipt this Period Transaction ID: 973395d384e422 Amount of Each Receipt this Period Transaction ID: 973395d384e422 Amount of Each Receipt this Period Transaction ID: 973395d384e422 Amount of Each Receipt this Period Transaction ID: 973395d384e422 Amount of Each Receipt this Period Date of Receipt Transaction ID: 973395d384e422 Amount of Each Receipt this Period Transaction ID: 973395d384e422 Amount of Each Receipt this Period Date of Receipt Transaction ID: 973395d384e422 Transaction ID: 973395d84e422 Transac		Millersville	MD	·	Transaction ID: aeeb212eca7b330b249 Amount of Each Receipt this Period
Primary General Other (specify) ■ 300.00		federal political committee. Name of Employer Self Employed	Occupation Physicia	n	300.00
B. Robert J. Roth Mailing Address 16 Foothill PI City State Zip Code Pleasanton CA 94588-9778 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) Jonathan S. Sanders City State Zip Code CA 94588-9778 Coccupation Physician Aggregate Year-to-Date ▼ Transaction ID: e7c3d395d3d84e4222 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 97c3d395d3d84e4222 Amount of Each Receipt this Period Date of Receipt Transaction ID: 250.00 Date of Receipt Transaction ID: 250.00 Date of Receipt Amount of Each Receipt this Period Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ 1000.00	_	Primary General Other (specify) ▼	Aggregate		
Pleasanton CA 94589-9778 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Name of Employer Self Employer Self Employer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00 Date of Receipt Mill Name (Last, First, Middle Initial) Jonathan S. Sanders Mailing Address Apt 101 576 7th Sq City Vero Beach FEC ID number of contributing federal political committee. C Name of Employer Self Employed Primary General Other (specify) ▼ Amount of Each Receipt this Period Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period 1000.00	В.	Robert J. Roth			M M / D D / Y Y Y Y
Full Name of Employer Eastbay Dermatology Med Group Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Jonathan S. Sanders Mailing Address Apt 101 576 7th Sq City State Zip Code Vero Beach FL 32962-1875 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M™ / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		•		•	Transaction ID: e7c3d395d3d84e42200 Amount of Each Receipt this Period
Eastbay Dermatology Med Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Date of Receipt Milling Address Apt 101 576 7th Sq City Vero Beach FL 32962-1875 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00			C		250.00
Full Name (Last, First, Middle Initial) Jonathan S. Sanders Mailing Address		Eastbay Dermatology Med Group Receipt For: Primary General	Physicia	n e Year-to-Date ▼	7
Mailing Address Apt 101 576 7th Sq City Vero Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Date of Receipt M M M / D D / 23 / 2007 Transaction ID: 29aec314a1df13d3c6 Amount of Each Receipt this Period C 1000.00	_		0 0		
City Vero Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary Other (specify) ▼ State Zip Code FL 32962-1875 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date ▼ 1000.00	C.	Jonathan S. Sanders Mailing Address Apt 101			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		City		·	Transaction ID: 29aec314a1df13d3c61
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		FEC ID number of contributing		32902-1073	
Primary General Other (specify) ▼ 1000.00		Name of Employer Self Employed	1		
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 44 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Dermatolog	y Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Justin T. Sawyer			Date of Receipt
Mailing Address Unit 704 21 E 6th St			10 25 2007
City Tempe	State AZ	Zip Code 85281-3694	Transaction ID: 30b7da6f907dba9a40 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alta Dermatology	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sarah B. Sawyer	I		Date of Receipt
Mailing Address 1512 Melrose PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Homewood	State AL	Zip Code 35209-5420	Transaction ID: f78b1e826f39ef40d04 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dermatology & Laser of Al- abama	Occupatio Dermato		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Julie C. Schultz			Date of Receipt
Mailing Address 315 Lake Ave S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spicer	State MN	Zip Code 56288	Transaction ID: 2a205bb4449d929b3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ACMC	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		1000.00

SCHEDULE A (FEC Form CITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial)	gy Association Folitical Action Committee	Date of Receipt
Mailing Address 148 Corinthian C	ir	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Jupiter</u>	State Zip Code FL 33458-3601	Transaction ID: 3eef326b272a0d94bf7 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Joseph J. Shaffer Mailing Address Ste 220		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: BE176558-22FC-4F96
Eagan FEC ID number of contributing federal political committee.	MN 55123-1186	Amount of Each Receipt this Period 500.00
Name of Employer Dermatology Consultants	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) William K. Sherwin		Date of Receipt
Mailing Address 121 Gypsy Ln		10 31 7 2007
City Wynnewood	State Zip Code PA 19096-1111	Transaction ID: dc0735409d63b9fe7d3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	onal)	1300.00
TOTAL This Period (last page this line no	umber only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 33 / 44 (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold o	r used by any perso olitical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Dermatol	ogy Association Political Actic	on Committee	
Full Name (Last, First, Middle Initial) Alexander Shraga			Date of Receipt
Mailing Address 25 Hollis Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City East Brunswick	State Zip Code NJ 08816-2		Transaction ID: d8183fa7cc6bcdd5e3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Adult & Pediatric Dermato- logy, LLC	Occupation Dermatologist	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Marc A. Silverstein			Date of Receipt
Mailing Address 11720 Hollenbed	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Gold River	State Zip Code CA 95670-8		Transaction ID: 9f96adc19dc04ba5a5
FEC ID number of contributing federal political committee.	CA 95670-8	311	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey Sugarman			Date of Receipt
Mailing Address 4560 Upper Ridg	e Rd		M M / D D / Y Y Y Y Y 1 1 0 1 0 2 0 0 7
City Santa Rosa	State Zip Code		Transaction ID: e7f2e5a3b819f21dfc2
FEC ID number of contributing federal political committee.	CA 95404-6	710	Amount of Each Receipt this Period 500.00
Name of Employer Redwood Family Dermatology	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page (opti-	onal)		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 44 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Dermatology A	ssociation P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Jesse R. Thomas			Date of Receipt
	Mailing Address 1119 Bentbrook Ln			10 16 7 2007
	City <u>Sherman</u>	State TX	Zip Code 75092-5095	Transaction ID: 96d10b464d56a97e442 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Dermato		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Б.	Full Name (Last, First, Middle Initial) Michael Todd Mailing Address 18946 Canoe Landing	ı Ct		Date of Receipt
			Zin Codo	10 23 2007
	City Leesburg	State VA	Zip Code 20176-8218	Transaction ID: 4172d745e1c88e5e018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Omar Torres	<u> </u>		Date of Receipt
	Mailing Address Apt 11E 205 W 54th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10019-5536	Transaction ID: a08bfcfd457da8dbdff Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010 3330	250.00
	Name of Employer Aesthetic Surgery And Der- matology, P.C	Occupation Dermato		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
F	TOTAL This Period (last page this line number	onlv)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 44 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using th	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Dermatology A	Association P	olitical Action Committee	
۷. ا	Full Name (Last, First, Middle Initial) Frank A. Veltri			Date of Receipt
	Mailing Address Ste 321 1524 Atwood Ave			10 16 2007
	City	State	Zip Code	Transaction ID: 5ace1c2ff6a24b88263
	Johnston	RI	02919-3228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Dermato		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
-	Full Name (Last, First, Middle Initial) Donald S. Waldorf			Date of Receipt
	Mailing Address 2 Doe Dr			10 16 2007
	City	State	Zip Code	Transaction ID: 31649167f2cc1926424
	Suffern	NY	10901-2302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Waldorf Dermatology & Las- er Associates	Occupatio Dermato		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) John R. West			Date of Receipt
	Mailing Address 5 Egret Rd			10
	City	State	Zip Code	Transaction ID: f560ecb29531a0f4e6b
	Mystic	CT	06355-3295	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Seaport Dermatology	Occupatio Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1500.00

Colorado Springs CO 80920-7679 FEC ID number of contributing federal political committee. Name of Employer Summit Dermatology PC Primary General Other (specify) ▼		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Kevin L. Whaley Mailing Address 9487 Wolf Pack Ter City Colorado Springs CO 80920-7679 FEC ID number of contributing federal political committee. B. Date of Receipt Transaction ID: 4623a9c4b77518a091 City Date of Receipt Transaction ID: 4623a9c4b77518a091 Amount of Each Receipt this Period Full Name (Last. First, Middle Initial) Daniel D. Witheler Date of Receipt Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Transaction ID: 128db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 128db4a0387bc21b08 Aggregate Year-to-Date ▼ Transaction ID: 168da8a04055562bc1 Transaction ID: 168da8a04055562bc1 Transaction ID: 168dba8a0455562bc1 Transaction ID: 168dba8a0455562bc1 Amount of Each Receipt ID: Pin ID: 168dba8a0455562bc1 Transaction ID: 168dba8a0455562bc1 Transaction ID: 168dba8a0455562bc1 Amount of Each Receipt ID: Pin ID: 168dba8a0455562bc1 Transaction ID: 168dba8a0455562bc1 Amount of Each Receipt ID: Pin ID: 168dba8a0455562bc1 Transaction ID: 1		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For:	A .	Kevin L. Whaley Mailing Address 9487 Wolf Pack Ter City Colorado Springs FEC ID number of contributing federal political committee.	CO	80920-7679	Transaction ID: 4623a9c4b77518a091e Amount of Each Receipt this Period
Daniel D. Witheler Mailing Address 6204 Georgian Ct City Dallas FEC ID number of contributing federal political committee. Name of Employer Papid City Rapid City State Zip Code TX 75254-8652 Amount of Each Receipt this Period Formatologist Aggregate Year-to-Date ▼ State Sip Code TX 75254-8652 Amount of Each Receipt this Period Dermatologist Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Amount of Each Receipt this Period Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Amount of Each Receipt this Period Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Transaction ID: 1/28db4a0387bc21b08 Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Transaction ID: 1/28db4a0387bc21b08 Date of Receipt Transaction ID: 1/28db4a0387bc21b08 Transaction ID: 1/28db4a0	_	Receipt For: Primary General	. ' ' 	e Year-to-Date ▼	
Dallas TX 75254-8652 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Pavilion II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Mailing Address 3958 Forest Park Cir City State Zip Code Rapid City FEC ID number of contributing federal political committee. Name of Employer Rapid City General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 16ea6a804055562cc1* Amount of Each Receipt this Period Date of Receipt Transaction ID: 16ea6a804055562cc1* Amount of Each Receipt this Period Date of Receipt Transaction ID: 16ea6a804055562cc1* Amount of Each Receipt Toraction ID: 16ea6a804055662cc1* Amount of Each Receipt Toraction ID: 16ea6a804055562cc1* Amount of Each Receipt Toraction ID: 16ea6a804055662cc1* Amount of Each Receipt Toraction	В.	Daniel D. Witheiler			M M / D D / Y Y Y
Pavilion II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Pull Name (Last, First, Middle Initial) Gregory P. Wittenberg Mailing Address 3958 Forest Park Cir City State Zip Code Rapid City SD 57702-6927 FEC ID number of contributing federal political committee. Name of Employer Rapid City Medical Center Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		<u>Dallas</u> FEC ID number of contributing	TX	•	
C. Gregory P. Wittenberg Mailing Address 3958 Forest Park Cir City State Zip Code Rapid City SD 57702-6927 FEC ID number of contributing federal political committee. Name of Employer Rapid City Medical Center Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M 1 0 1 8 2 0 0 7 Transaction ID: 16ea6a804055562cc1 Amount of Each Receipt this Period 250.00		Receipt For: Primary General	Dermato	logist e Year-to-Date ▼	
City Rapid City SD 57702-6927 FEC ID number of contributing federal political committee. Name of Employer Rapid City Medical Center Primary Other (specify) ▼ C	с.	Gregory P. Wittenberg			M M / D D / Y Y Y Y
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00		Rapid City FEC ID number of contributing	SD	•	Transaction ID: 16ea6a804055562cc17 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		Receipt For: Primary General	Physicia	n e Year-to-Date ▼]
		SUBTOTAL of Receipts This Page (optional)			1615.00

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule for each category of the Detailed Summary Pag	e(s) e	FOR LINE NUMBER: PAGE 37 / 44 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by an dress of any political comm	y person fo nittee to so	or the purpose of soliciting contributions licit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Dermatology A	Association P	olitical Action Committ	tee	
Α.	Full Name (Last, First, Middle Initial) Walter J. Wyrick				Date of Receipt
	Mailing Address # 44 2801 Richmond Rd				10 24 2007
	City	State	Zip Code		Transaction ID: d92e46c8266de33a6b6
	Texarkana	TX	75503-2123		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupatio Physicia			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	00	
В.	Full Name (Last, First, Middle Initial) Alicia D. Zalka				Date of Receipt
	Mailing Address Ste 207 73 Sand Pit Rd				10 29 / Y Y Y Y
	City	State	Zip Code		Transaction ID: 6d914d958951320207d
	<u>Danbury</u>	CT	06810-4015		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer Dermatology Association of Western Con	Occupatio Physicia			
	Receipt For:	Aggregate	Year-to-Date ▼		
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SUBTOTAL of Receipts This Page (optional)	•	850.00
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 39 / 44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Academy of Dermatology Ass	ociation Political Action Co	ommittee	
Full Name (Last, First, Middle Initial) Becerra for Congress			Transaction ID: 18151-47770327329 Date of Disbursement
Mailing Address PO Box 261060			10
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	67.1 00020	011	1000.00
Candidate Name Xavier Becerra		Category/ Type	
Senate President	rsement For: 2008 X Primary General Other (specify) ▼		
State: CA District: 31 Full Name (Last, First, Middle Initial)			Transaction ID: 18151-24689882993
Collins for Senator			Date of Disbursement
Mailing Address PO Box 1096			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^{M}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}6^{D}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^{Y}7^{Y}\\0\end{smallmatrix}$
City Bangor	State Zip Code ME 04402		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Susan M. Collins		Category/ Type	
Office Sought: House Disbu	rsement For: 2008 X Primary General Other (specify)		
State: ME District: Full Name (Last, First, Middle Initial)			
Friends of Max Baucus			Transaction ID: 98174-89204043149 Date of Disbursement
Mailing Address PO Box 586			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 \end{smallmatrix} \begin{smallmatrix} O & M \\ \end{smallmatrix} \begin{smallmatrix} \begin{smallmatrix} D & O & D \\ 0 \end{smallmatrix} \begin{smallmatrix} O & D \\ \end{smallmatrix} \begin{smallmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 \end{smallmatrix} \begin{smallmatrix} O & O & T \\ \end{smallmatrix} \end{smallmatrix}$
City Helena	State Zip Code MT 59624		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Max S. Baucus		Category/ Type	
X Senate President	rsement For: 2008 X Primary General Other (specify) ▼		
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S	CHEDULE B (FEC Form 3X)	Use separate schedule	e(s)	_		E NUMBER: PAGE 40 / 44								
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A.	Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel							on ID:	: 18151 ement	-422 [°]	13076	35307		
	Mailing Address PO Box 101124					1 ^M 0	М	[/] 2	26	Ý Ž	0 0 7	, Y		
	City Chicago	State Zip Code IL 60610				Amou	int o	f Each	Disburs					
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	Candidate Name Rahm Israel Emanuel			ateg Typ	-									
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В.	Full Name (Last, First, Middle Initial) Hooley for Congress					Date	of D	isburs	: 18151 ement			_		
	Mailing Address PO Box 2050					10	М	[/] 2	26	ž	0 0 7	, ^Y		
	City Salem	State Zip Code OR 97308				Amou	ınt o	f Each	Disburs	emen	t this F	Period		
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C.	John D. Dingell for Congress Committee					M			ement	Y Y	′ ` Y `	Υ		
	Mailing Address 607 14th Street N.W. Suite 800					1 0		2	26	. 2	0 ŏ 7			
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
\vdash	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Dermatology Associ	ciation Political Action Co	mmittee	
	Full Name (Last, First, Middle Initial) McCrery for Congress Committee			Transaction ID: 18151-231029689311 Date of Disbursement
	Mailing Address PO Box 7665 333 Texas Street Suite 1	900		10 26 2007
	City Shreveport	State Zip Code LA 71137		Amount of Each Disbursement this Period
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	Candidate Name Jim McCrery		Category/ Type	
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_	State: LA District: 04			
	Full Name (Last, First, Middle Initial) Schakowsky for Congress			Transaction ID: 62904-631740748882 Date of Disbursement
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	City Evanston	State Zip Code IL 60204		Amount of Each Disbursement this Period
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	Candidate Name Janice D. Schakowsky		Category/ Type	
	Senate X President	ement For: 2008 Primary General Other (specify)		
	State: IL District: 09			
	Full Name (Last, First, Middle Initial) Sue Myrick for Congress			Transaction ID: 18151-670574367046 Date of Disbursement
	Mailing Address PO Box 37091			10 M / 26 / Y 2007Y
	City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Period
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	Candidate Name Sue Myrick		Category/ Type	
	X X	ement For: 2008 Primary General Other (specify)		
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	American Academy of Dermatology Assoc	iation Politi	cal Action Co	mm	nitte	е									
A .	Full Name (Last, First, Middle Initial) Tim Murphy for Congress									on ID			375	39309	926322
	Mailing Address PO Box 24551							0	M .	D	2 5	5 /	Ý Ž	0 ŏ 7	7 ^Y
	City Pttsburgh	State PA	Zip Code 15234				Ar	nour	nt of	Eacl	h C	Disburs			
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	Senate X President	ment For: Primary Other (spec	2008 General												
_	State: PA District: 18 Full Name (Last, First, Middle Initial)						Tra	ansa	acti	on ID)• 1	18151-	.956	55459	916557
B.	Tuesday Group Political Action Committee						Da	ate o		sburs	sen	ment			_
	Mailing Address PO Box 11586						1	0			2 (6	2	0 ŏ 7	7
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	Mailing Address PO Box 490						1	0	M .	D	2 (^D /	ž	0 0 7	7 ^Y
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	R LINE NUMBER: PAGE 43 / 44 ck only one) 21b
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NAME OF COMMITTEE (In Full) American Academy of Dermatology Assor	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Walsh for Congress Committee Mailing Address 4969 Horizon Terrace		Transaction ID: 62904-3632623553276 Date of Disbursement 10
City Syracuse Purpose of Disbursement Contribution Candidate Name	State Zip Code NY 13215	Amount of Each Disbursement this Period 1000.00
James T. Walsh Office Sought: Senate President State: NY District: 25	Type ement For: 2008	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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